DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

DOCKET NO. **TS01-1388**

As a below named Inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled CD SEM Automatic Focus Methodology And Appparatus For Constant Fier meam Dosage Control

the specification of which (check one)		8			
X is attached hereto.					
was filed on					e ge
Application Serial No.					
and was amended on	The Hand	·		-	
I hereby state that I have reviewed and amended by any amendment referred to	applicable) understand the co above	ntents of the abov	e Identified specific	ation including the cl	aims, as
I acknowledge the duty to disclose info 37, Code of Federal Regulations, §1.5	ormation which is r 6(a).	naterial to the exa	mination of this app	olication in accordance	e with Title
I hereby claim foreign priority benefits inventor's certificate listed below and a filing date before that of the applicate Prior Foreign Application(s)	have also identified	below any foreig	§119 of any foreign application for par	application(s) for pat tent or inventor's cert	ent or ficate having
Frior Poleign Application(s)				Priority Claimed:	
(Number)	(Cou	ntry)	(Day/Mont)	n/Year Filed)	0
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as the subject matter of each of the cla provided by the first paragraph of Title defined in Title 37, Code of Federal Ro national or PCT international filing dat	e of this application	n:			nformation as ation and the
(Application Serial No.)	(Filing Date)	(Status) (p	atented, pending, at	bandoned)	
I hereby declare that all statements ma belief are believed to be true, and furth the like so made are punishable by fine that such willful false statements may j	er that these stater or imprisonment.	nents were made or both, under Se	with the knowledge ction 1001 of Title	that willful false state 18 of the United State	ements and
POWER OF ATTORNEY: As a name application and transact all business in	d inventor, I hereb	y appoint the follodemark Office con	owing attorney(s) are nected therewith.	nd/or agent(s) to prosellist name & registration	ecute this on no.)
			KERMAN (Reg		
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Send Correspondence to: 20 MCINTO	OSH DRIVE, POU	GHKEEPSIE; N	EW YORK 12603		
Direct telephone Calls to: (name & telep	hone number) GE	ORGE 0. SAILE	NEW YORK 845	452 5863	
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